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3-29-69

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Must We Re-Educate Average Physicians So They May Evaluate the Newest Drugs?

"LACK OF knowledge and sophistication in the proper use of drugs is perhaps the greatest deficiency of the average physician today." This indictment is one of the most disturbing conclusions of the task force on prescription drugs, headed by Dr. Philip R. Lee, recently Assistant HEW Secretary for Health and Scientific Affairs and now chancellor of the University of California Medical Center in San Francisco.

This theme is also the focus of hearings before the Monopoly Subcommittee, headed by Sen. Gaylord Nelson (D-Wis.). Its critical tone is shared by almost all of my own colleagues in academic medicine.

THIS APPRAISAL of the competence of medical practitioners generally to make informed and critical judgments about drugs has ramifications even wider than an obvious concern about the quality of care offered by individual physicians. If the prescribing physician were qualified, he could be relied upon to winnow fact from self-interested fancy among the clatter of claims for new drugs, or old ones in fancy new packages, constantly being promoted by the drug industry.

The creative efforts of that industry would then be directed primarily to competent research to find new agents capable of persuading competent and critical judges of their value in medicine. Without that reliability, we need ever more stringest policing of the industry and its propaganda to protect physicians, or rather their patients, from a crime that may be closer to self-delusion than fraud but is no less dangerous.

This kind of policing on the part of a government agency is not only clumsy, contentious and expensive. It also leads to the opposite error, of bureaucratic negativism on the principle that no one is ever applauded for approving a risky application. The lives that might be saved by taking a chance with a new drug will never be counted by comparison with a single unhappy death or malformation. But if the doctors cannot police themselves, what other choice do we have?

THE EVIDENCE for widespread incompetence in drug prescription is impelling, but mostly anecdotal. Some rather superficial surveys have been made of the sources from which physicians obtain their drug information, and their own views of its reliability. The importance and credibility attached to detailmen's persensations should be alarming on the objective principle that they can hardly be expected to criticize their own products.

Chloramphenicol was widely used long after its potential hazard for producing fatal aplastic anemia had been well publicized. This has been the most instructive case study so far because one could search out this rather rare disease from death certificate files. In California between January, 1963, and June, 1964, there were 60 deaths from aplastic anemia out of a total of 225,000. Ten of those 60 were related to chloramphenicol, which had been administered to about 220.000 patients. The risk of drug-induced fatal anemia is then about one in 22,000 which is 13 times the general population risk.

Most medical authorities condemn the use of chloramphenicol except for typhoid fever and a few other diseases, and some believe that it is never the drug of choice. Most of the cases where doctors had prescribed it certainly did not meet these needs. Why then did they use it?

Were they ignorant of the published hazards/ Did they discount them on the grounds of their own experience with the drug, which may have cured many infections without the misfortune of an aplastic anemia case? That is, were they their own experts, or are they incompetent, or both? We do not know.

MOST OF the remedies so far proposed are unlikely to go very far to meet the problem. A government-sponsored drug compendium, free of advertising bias, may be very advantageous for other purposes, but will it be read by busy practitioners for drug information any more than they now consult the journals?

The Medical Letter is a particularly useful, convenient and critical review of contemporary drugs that deserves to reach far more than the 20 per cent of U.S. physicians who now consult it. (Reader, does yours?) Above all, it is a voluntary, independent evaluation, a principle that suggests that if it is imperfect, others can try to improve on the effort.

If indeed may physicians are incompetent to evaluate drugs, they can hardly justify the monopoly of prescribing them, and we will have to set up special examinations and licenses for the privilege of, say, prescribing drugs less than ten years old, and with the legal obligation to report adverse effects.

The indictment has, however, not been proven by objective, quantitative evidence. According to Medical World News, Dr. Maynard I. Shapiro, president of the American Academy of General Practice, flatly denies it and complains that he has not yet been heard by Sen. Nelson's committee. If anything, he also points out, physicians get too much information, with many warnings about isolated cases of possible side-effects whose significance is impossible to evaluate.

MEDICAL CENTERS see and sometimes produce) too many cases of drug induced illness for this problem to be hastily discounted. However, before we prescribe drastic remedies for this disease, it needs more research both on efficacy and side-effects.